

**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities  
and Substance Abuse Services**

**Complaints and Concerns,  
Information and Referrals,  
Investigations  
and Medicaid Appeals**

**By**

**The Customer Service and Community Rights Team**

**Advocacy and Customer Service Section**

**April to June 2006**



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## **GLOSSARY**

AP/LME	Area Program/Local Management Entity
CAP-MR/ DD	Community Alternatives Program for Persons with Mental Retardation/ Developmental Disabilities
CSCR	Customer Service and Community Rights Team
DHHS	Department of Health and Human Services
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
LME	Local Management Entity
OAH	Office of Administrative Hearings
TBI	Traumatic Brain Injury

### **Customer Service Terminology**

The following terms are used in this report:

- 1) “Case” refers to an individual issue brought to the attention of staff members. There are four types of cases:
  - A. “Complaints/Concerns” are informal expressions of dissatisfaction.
  - B. “Information/Referrals” are either direct requests for information or requests regarding an agency, group, person or service.
  - C. “Medicaid Appeals” refer to Medicaid recipients filing appeals to DMH/DD/SAS, in accordance with Federal Law (42CFR 431. Sub-Part E) and DMH/DD/SAS policy.
  - D. “Investigations” are formal inquiries into allegations of a violation of a law, rule or policy in a community setting.
- 2) “Contacts” are the responses by CSCR team members to any call or communication.
- 3) “Issues” are the content categories of Complaints/Concerns, Information/Referrals or Investigations.

### **Private Health Information**

The CSCR team adheres to Federal and State laws pertaining to confidentiality of private health information (N.C. General Statutes 122-C 52 to 56, 45 CFR Parts 160 and 164 and 42 C.F.R. Part 2).

## **EXECUTIVE SUMMARY**

- The CSCR Team responded to 1255 Complaint/Concern, Information/Referral, Medicaid Appeal and Investigation requests during this report period (page 7).
- The CSCR Team received 68 requests to file Medicaid Appeals during this report period (page 7).
- There was an increase in the total number of cases this quarter. There has been a 465 percent increase in the total number of cases during the last 33 months (page 9).
- The average number of responses from the CSCR Team to address Complaints/Concerns, Information/Referrals and Investigations is two follow-up activities and the average number of responses per Medicaid Appeal case is four (pages 11, 12 and 13).
- The most common sources of Complaints/Concerns, Information/Referrals and Investigations continue to be family/friends and consumers (page 12).
- “Access to services” remained the most prevalent concern with more than eight times the volume of Early and Periodic Screening and Diagnostic Treatment service (EPSDT) concerns, the next highest category (pages 15 and 16).
- Cases involving substance abuse issues were the most prevalent and cases involving mental health issues were the next most prevalent type of cases. The third most prevalent type of cases involved persons with a dual diagnosis of mental health and developmental disabilities. Cases involving persons with a developmental disability were the fourth most prevalent and cases involving persons with multiple diagnosis of mental health, developmental disabilities and substance abuse issues were the fifth most prevalent type of cases. Cases involving persons with a dual diagnosis of mental health and substance abuse were the sixth most prevalent type and cases involving persons with a diagnosis of traumatic brain injury issues represented less than one percent of the cases (page 18).
- A slightly higher percentage of cases involved male consumers (50 percent) than female consumers (40 percent). Ten percent of the cases were not applicable to a specific consumer (page 19).
- Complaint/Concern and Information/Referral requests were filed by individuals from all geographic regions in North Carolina. The average number of cases per AP/LME was 34.94 (page 20).
- DMH/DD/SAS staff referred the majority of the investigations through information in complaints, concerns and allegations of client rights violations (page 24).

- Two investigations involved consumers with a dual diagnosis of mental health and developmental disabilities and a single investigation involved a consumer receiving mental health services (page 25).

## **INTRODUCTION**

The following quarterly report is a statistical summary describing the work of the Customer Service and Community Rights Team (CSCR), Advocacy and Customer Service Section, Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). The report covers the fourth quarter of the 2005/2006 fiscal year which includes the months of April, May and June 2006.

### **The Customer Service and Community Rights Team**

The team consists of a team leader, a support staff person and five professional staff, each with a Master's degree in a clinically related field. The team has four key responsibilities:

1. To ensure the rights protection of consumers being served in the community,
2. To provide a first-response system for customer inquiries, complaints and concerns, and Medicaid appeals (42CFR 431. Sub-Part E),
3. To provide follow-up on submitted incident reports and
4. To monitor the community customer service system.

The team receives calls, letters and emails each day from a variety of direct and indirect sources. Direct sources include consumers, families, guardians, friends and advocacy groups. Indirect referral sources include the DMH/DD/SAS website, Department of Health and Human Services (DHHS) Office of Citizen Services Care-Line, Department of Social Services website, other DMH/DD/SAS sections and AP/LME staff. The team members typically respond by 1) providing information to the inquiring party, 2) referring the party to an appropriate agency and contact person (usually the AP/LME) or 3) researching the answer and providing direct assistance.

Each CSCR team member responds to all calls the same or next possible business day. Team members continue to communicate with all parties until the issue is resolved or the appropriate agency is providing assistance.

All cases addressed by the CSCR Team are tracked in Access software and analyzed periodically for special requests and scheduled reports. Information from the reports is used to provide recommendations for systemic changes to mental health, developmental disabilities and/or substance abuse services.

We hope the information in this report provides a useful overview of data relating to Complaints and Concerns, Information and Referrals, Investigations and Medicaid Appeals received by this Team. We welcome any input as to how this report might be improved and/or made more relevant and useful to you.<sup>1</sup>

<sup>1</sup> Please contact Glenda Stokes ([glenda.stokes@ncmail.net](mailto:glenda.stokes@ncmail.net)) or Stuart Berde ([stuart.berde@ncmail.net](mailto:stuart.berde@ncmail.net)) with any suggestions or questions. Staff members and Advocacy and Customer Service Section Chief, Chris Phillips, may be reached at (919) 715-3197 or toll-free at 1-800-662-7030.

## **COMPLAINTS/CONCERNS, INFORMATION/REFERRALS, INVESTIGATIONS AND MEDICAID APPEALS**

This report describes the four types of cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) addressed by the Customer Service and Community Rights Team and is divided into four sections. Section A provides information about the volume of all cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) and Section B is a detailed description of the Complaints/Concerns, Information/Referrals and Investigations. Section C tracks the location of the Complaint/Concern and Information/Referral cases and Section D provides information about Investigations.

### **Section A - Volume of cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals)**

**Table 1 – Total Cases Addressed Between April and June 2006**

<b>Case Type</b>	<b>Number of Cases</b>	<b>% of Total</b>
Information/Referrals	976	78%
Complaints/Concerns	208	17%
Medicaid Appeals	68	5%
Investigations	3	Less than 1%
<b>Total</b>	<b>1255</b>	<b>100%</b>

Table 1 lists the total number of cases and the types of cases that team members addressed from April to June 2006. Individuals make issues known to the team through direct calls, e-mails or letters. Although some cases are open over the course of several months due to the complexity of the issues, the "**Total**" represents the unduplicated count of cases for the three-month period. There were 976 (78 percent) Information/Referral cases and 208 (17 percent) Complaint/Concern cases. Team members also addressed 68 Medicaid Appeal requests (five percent) and three Investigations (less than one percent) between April and June 2006.

**Table 2 - Historical Case Comparisons Between January and March 2006 and April and June 2006**

Case Type	January to March 2006	April to June 2006
Information/Referrals	822	976
Complaints/Concerns	230	208
Medicaid Appeals	75	68
Investigations	5	3
<b>Total</b>	<b>1132</b>	<b>1255</b>

**Figure 1 - Historical Case Comparisons Between January and March 2006 and April and June 2006**

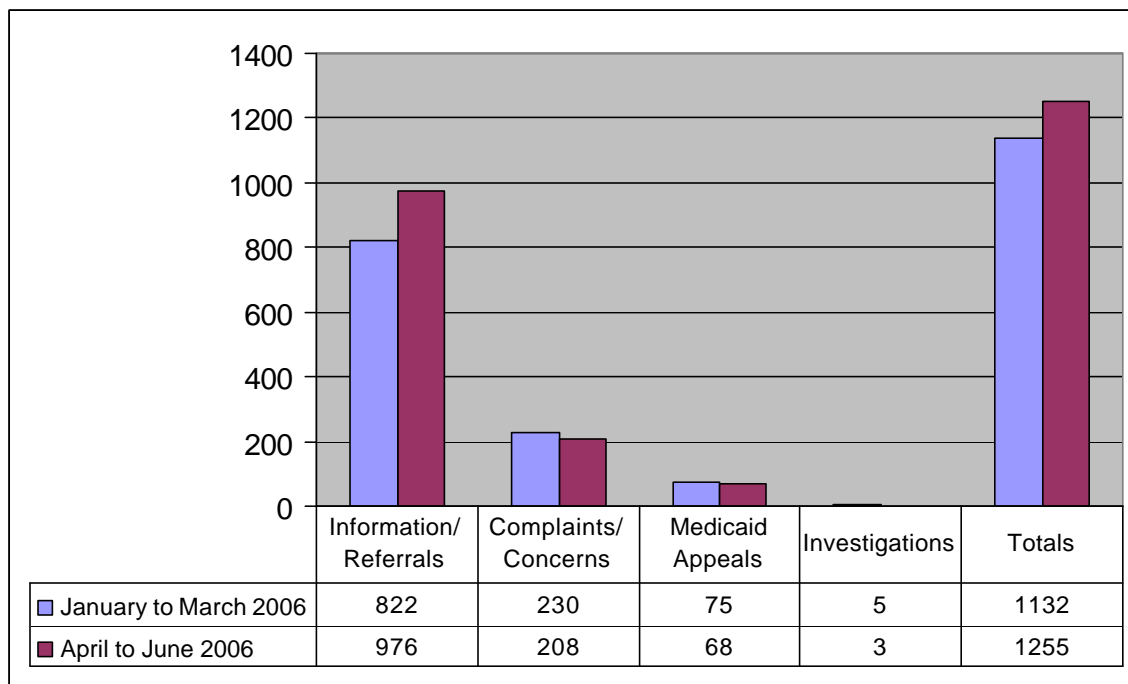


Table 2 and Figure 1 list the total number of cases and the types of cases that team members addressed between January and March 2006 and April to June 2006. During the three month period of January to March 2006, 1132 cases were addressed and 1255 cases were addressed from April to June 2006. The number of Information/ Referrals increased from 822 cases from January to March 2006 to 976 cases from April to June 2006 and the number of Complaints/Concerns decreased from 230 in January to March 2006 to 208 from April to June 2006. The number of Medicaid Appeals decreased from 75 in January to March 2006 to 68 in April to June 2006 and the number of Investigations decreased from five in January to March 2006 to three from April to June 2006.

**Table 3 – Customer Service And Community Rights Average Monthly New Cases**

Time Period	Average Monthly New Caseload
October to December 2003	74 per month
January to June 2004	78 per month
April to June 2004	87 per month
July to September 2004	122 per month
October to December 2004	152 per month
January to March 2005	200 per month
April to June 2005	246 per month
July to September 2005	300 per month
October to December 2005	347 per month
January to March 2006	377 per month
April to June 2006	418 per month

**Figure 2 - Customer Service And Community Rights Average Monthly New Cases**

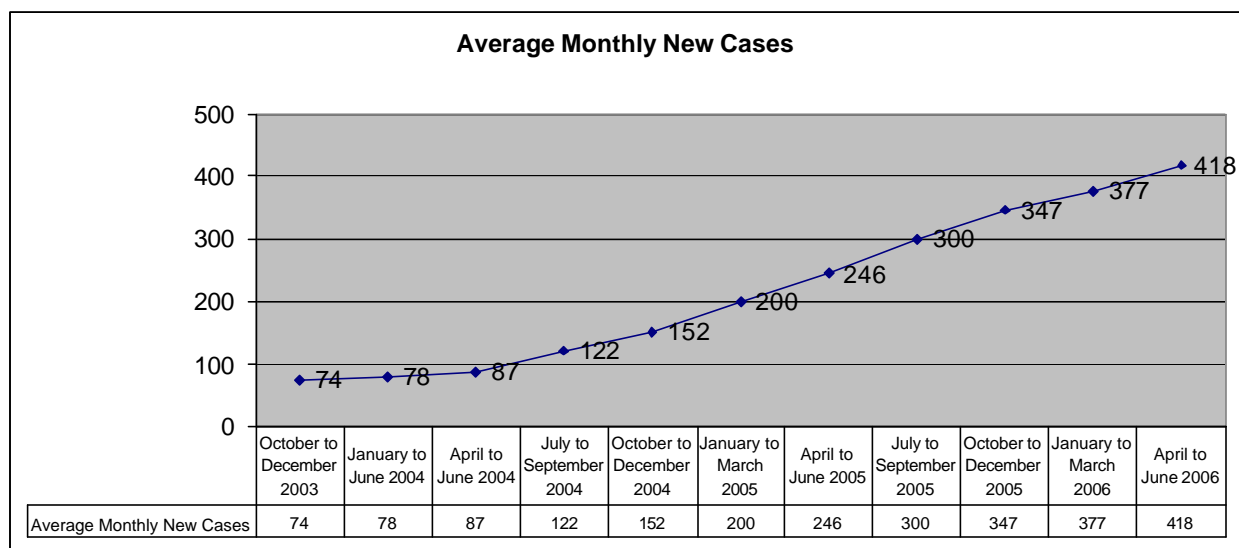


Table 3 and Figure 2 indicate that the volume of Customer Service and Community Rights new cases has increased considerably in the 33 months. The average monthly number of new cases from October to December 2003 was 74 per month, while from January to March 2004 the average was 78 per month. From April to June 2004, the average monthly number of new cases was 87 per month and from July to September 2004 there was an average of 122 new cases per month. There was an average of 152 new cases from October to December 2004 and from January to March 2005 there was an average of 200 new cases. From April to June 2005, there was an average of 246 new cases per month and from July to September 2005 there was an average of 300 new cases. From October to December 2005, there was an average of 347 new cases per month and an average of 377 new cases per month in January to March 2006. From April to June 2006, there was an average of 418 new cases per month, which reflects a continuing increase in the number of new cases. **There has been a 465 percent increase in the average monthly case load over the 33 month period.**

**Table 4 – Average Total of Monthly Responses Per Complaint/Concern, Investigation, Information/Referral and Medicaid Appeal from April to June 2006**

<b>Types of Cases</b>	<b>Number of Cases</b>	<b>Contact Responses</b>	<b>Average Monthly Responses per Case</b>
Complaint/Concern, Information/Referral, and Investigation Responses	1187	2884	2
Medicaid Appeal Responses	68	297	4
<b>Total</b>	<b>1255</b>	<b>3181</b>	<b>3</b>

Responses by the CSCR Team refer to the number of staff responses or contacts to Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals. Each “response” is an action by staff to address the case. A response may be by phone, e-mail or letter. Due to the complexity of many of the cases, CSCR team members usually make several calls or other contacts in order to obtain the appropriate information or to identify a contact person for the individual.

The CSCR team members try to redirect complaints to the AP/LME Customer Service staff or to another AP/LME staff person, such as a Provider Relations Coordinator.<sup>2</sup> After receiving a call, a CSCR team member contacts the AP/LME Customer Service staff member and asks the staff member to contact the original caller and to follow up with the CSCR team member.

Since several responses were required for each of the 1255 cases of Complaints/Concerns, Information/ Referrals, Investigations and Medicaid Appeals, there were 3181 identified responses for these cases. There were 297 total identified responses for the 68 Medicaid Appeal cases. The average monthly number of responses per each Medicaid Appeal was four and the average monthly number of responses for Complaints/Concerns, Information/ Referrals, Investigations and Medicaid Appeals was three.

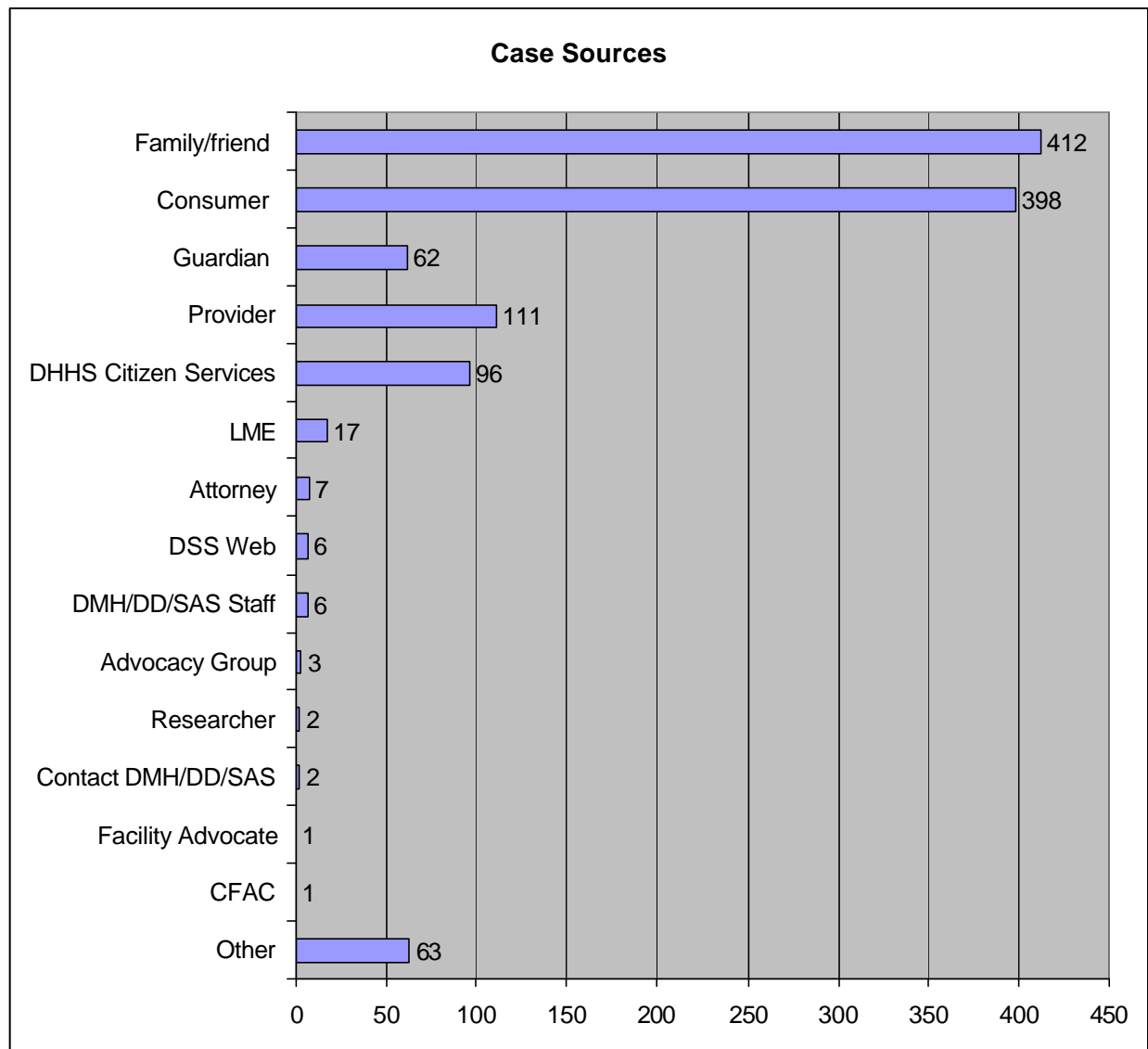
<sup>2</sup> AP/LMEs designate a Customer Service staff person to assist complainants at the local level. Names of these individuals can be found in the North Carolina Council of Community Programs Directory. A copy of the North Carolina Council of Community Programs Directory is available by calling (919) 327-1500.

**Section B - Detailed Description of the Complaints/Concerns, Information/Referrals and Investigations**

**Table 5 - Case Sources From April to June 2006**

<b>Source Type</b>	<b>Number of Cases</b>	<b>% Of Total</b>
<b>Family/friend</b>	<b>412</b>	<b>35%</b>
<b>Consumer</b>	<b>398</b>	<b>34%</b>
<b>Guardian</b>	<b>62</b>	<b>5%</b>
Provider	111	9%
DHHS Citizen Services	96	8%
LME	17	1%
Attorney	7	1%
DSS Web	6	1%
DMH/DD/SAS staff	6	1%
Advocacy Group	3	Less than 1%
Researcher	2	Less than 1%
Contact DMH/DD/SAS (DMH/DD/SAS website)	2	Less than 1%
Facility Advocate	1	Less than 1%
Consumer and Family Advisory Committee (CFAC)	1	Less than 1%
Other	63	5%
<b>Total</b>	<b>1187</b>	<b>100%</b>

**Figure 3 - Case Sources From April to June 2006**



*Case Sources:* The Customer Service and Community Rights Team received Complaint/Concern, Information/Referral and Investigation requests from 14 different sources which are listed in Table 5 and Figure 3. The North Carolina Department of Health and Human Services Office of Citizen Services (CARE-LINE) has a toll-free number (1-800-662-7030) for citizens and is a state-wide information resource. Calls to the Office of Citizen Services related to DMH/DD/SAS issues are directly forwarded to the CSCR staff. Along with direct requests from the general public, government officials most often forward their local correspondence regarding DMH/DD/SA services to the staff at Office of Citizen Services who, in turn, forward these issues to the CSCR team.

Consumers and their families, friends and/or guardians accounted for 872 (74 percent) of the 1188 Complaint/Concern, Information/Referral or Investigation cases. Family/friends initiated 412 (35 percent), consumers initiated 398 (34 percent), and guardians initiated 62 (five percent) of the total complaints/concerns, information/referrals and investigations. Providers initiated 111 cases (nine percent) while eight percent (96) were referred by the North Carolina DHHS Office of Citizen Services. LME staff (17), attorneys (7), DMH/DD/SAS staff (6) and DSS web (6) were each the source of one percent of the cases. Each of the following sources were less than one percent of the cases: advocacy groups (3), researchers (2), the contactdmh website (2), facility advocate (1) and a Consumer and Family Advisory Committee (1). Sixty-three cases are in the “other” category and were five percent of the total cases.

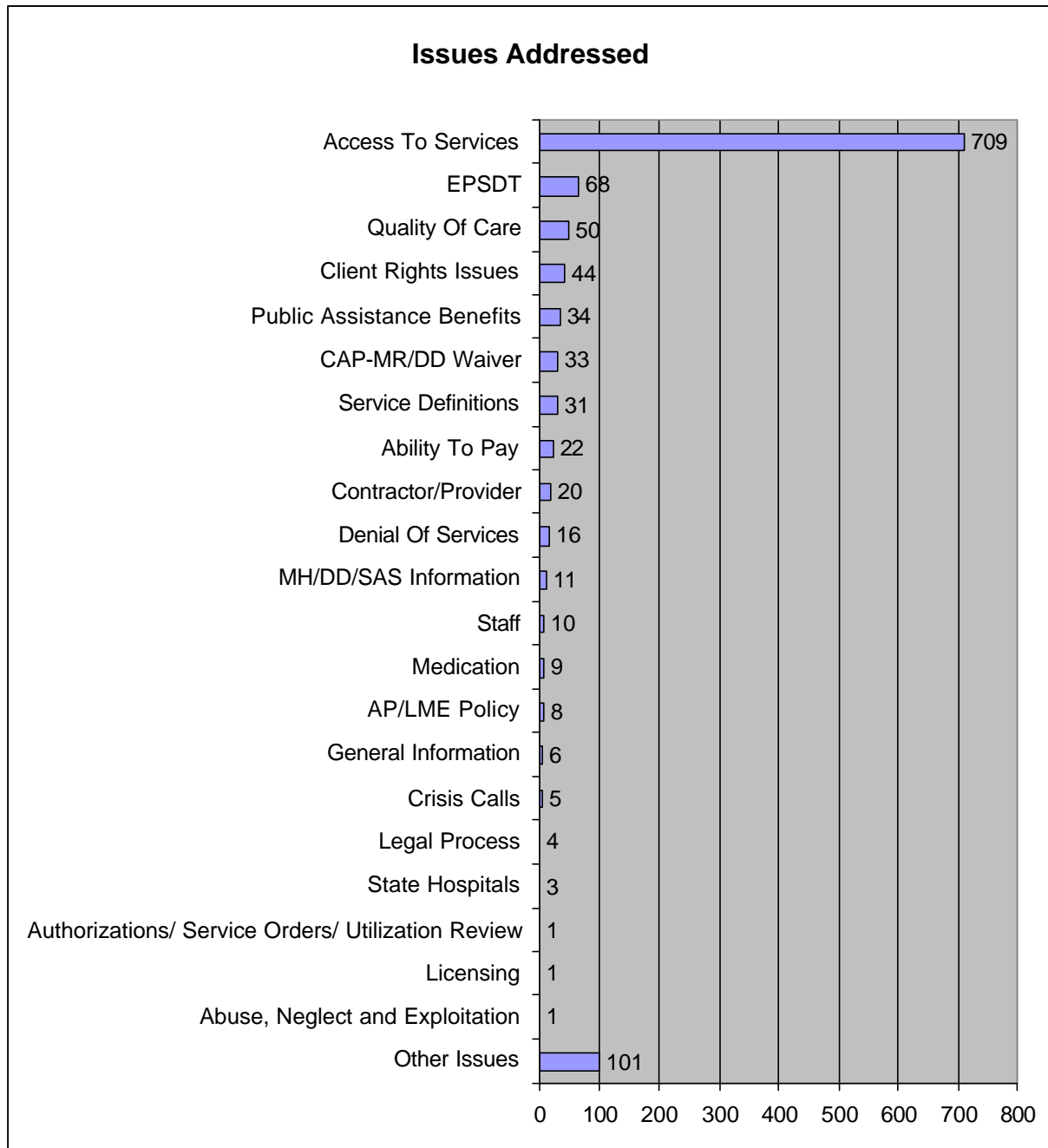
**Table 6 - Issues Tracked in Complaint/Concern, Information/Referral and Investigation Cases**

<b>Issue</b>	<b>Definition/Comment</b>
Abuse Neglect and Exploitation	<i>By law, suspicion of this activity is referred to the local Department of Social Services and applicable licensing agencies.</i>
Ability to Pay	<i>Concerns over a consumer's financial obligation</i>
Access to Services	<i>Requests for services</i>
AP/ LME Policy	<i>Disputes over AP/LME administrative or service policy</i>
Authorization/ Service Orders/ Utilization Review	<i>Includes information about the process as well as complaints about the process</i>
Public Assistance Benefits	<i>Disability benefits questions (SSI, Special Assistance, Medicare, Medicaid, etc.)</i>
Crisis Calls	<i>Calls that indicate an urgent crisis</i>
Denial of Services	<i>Concerns over a denial of a non-Medicaid service</i>
Early and Periodic Screening and Diagnostic Treatment service (EPSDT)	<i>Information regarding EPSDT, which allows a child to receive services that are not normally covered in the NC medical plan if approved following an EPSDT review. During the EPSDT review, a physician or other licensed clinician determines if the requested services are medically necessary to correct or ameliorate (improve) a physical or mental illness or condition.</i>
General Information	<i>Information provided regarding general issues such as contact names and numbers for other state and local agencies or programs such as DSS, DFS, SSI, Medicaid, etc.</i>
MH/DD/SAS Information	<i>Information requested regarding any rules, statues, manuals, forms, DMH/DD/SAS policies, communication bulletins, reform processes, service definitions, statistics or staffing issues</i>
Legal Process	<i>Includes information on any legal issue/process such as guardianship, custody, involuntary commitment, etc. Information about the process is provided, but no legal advice is provided.</i>
Licensing	<i>Information regarding licensing or certification for MH/DD/SA services</i>
CAP-MR/DD Waiver	<i>Questions/issues/ information regarding Waiver program policy or procedure</i>
Medication	<i>Includes the need for refills, information on medication, re-checks, inability to pay for medications, etc.</i>
Contractor/Provider	<i>Issues related to provider performance or policy</i>
Client Rights	<i>Alleged violations of rights in law or administrative rule</i>
Quality of Care	<i>Dissatisfaction or questions concerning the quality, appropriateness or level of service</i>
Staff	<i>Cases regarding personnel issues are directed to the appropriate Area Program/LME, Provider or State facility staff.</i>
State Hospitals	<i>Information provided to assist/connect consumers and/or families when a family member is in the hospital. For example, allegations of abuse and/or neglect that allegedly occurred during hospitalization or personnel issues.</i>
Service Definitions	<i>Questions/issues/ information regarding new service definitions</i>
Other	<i>When current categories are not inclusive of the presenting issue</i>

**Table 7 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Information/Referrals and Investigations From April to June 2006**

<b>Issue</b>	<b>Total</b>	<b>% of Total</b>
Access To Services	709	60%
EPSDT	68	6%
Quality Of Care	50	4%
Client Rights Issues	44	3%
Public Assistance Benefits	34	3%
CAP-MR/DD Waiver	33	3%
Service Definitions	31	3%
Ability To Pay	22	2%
Contractor/Provider	20	2%
Denial Of Services	16	1%
MH/DD/SAS Information	11	1%
Staff	10	1%
Medication	9	1%
AP/LME Policy	8	1%
General Information	6	1%
Crisis Calls	5	Less than 1%
Legal Process	4	Less than 1%
State Hospitals	3	Less than 1%
Authorizations/ Service Orders/ Utilization Review	1	Less than 1%
Licensing	1	Less than 1%
Abuse, Neglect and Exploitation	1	Less than 1%
Other Issues	101	9%
<b>Grand Totals</b>	<b>1187</b>	<b>100%</b>

**Figure 4 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Information/Referrals and Investigations From April to June 2006**



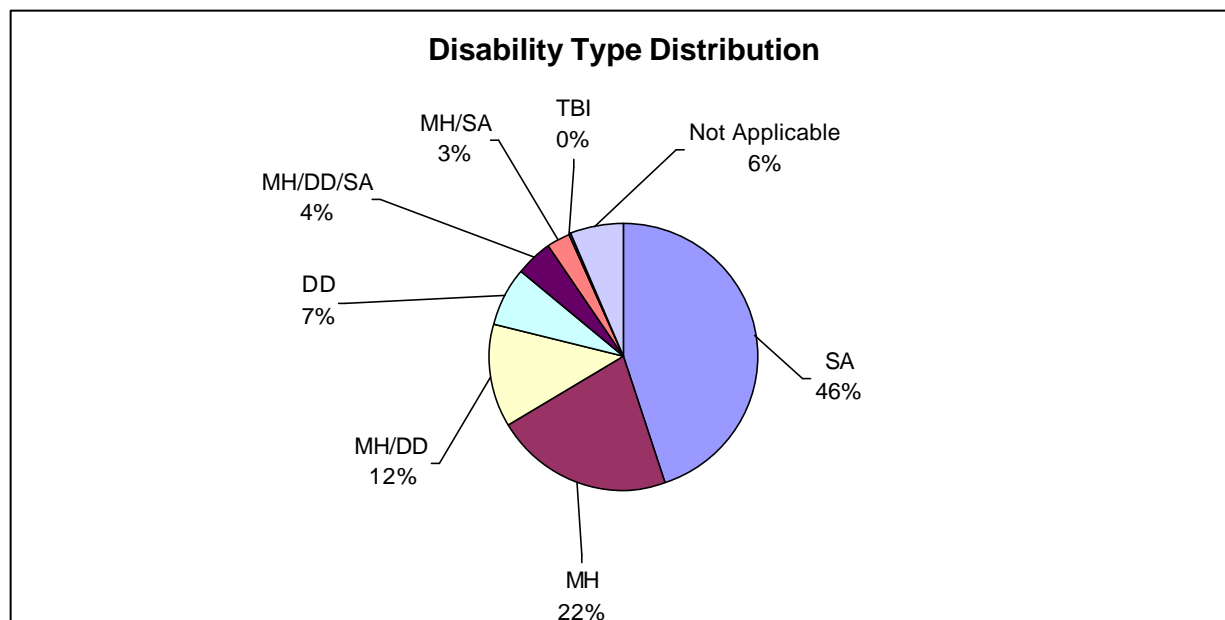
*Issues Addressed:* Table 6 describes the issue categories most commonly addressed. The Complaint/Concern, Information/Referral and Investigation cases encompass a wide variety of issues. Table 7 and Figure 4 list the distribution of primary issues noted in Complaints/Concerns, Information/Referrals and Investigations. Contacts were made concerning a wide range of issues. By far the highest number (709 or 60 percent) of issues fall under the category of “access to services,” which is defined as a request for services. Consumers and family members often request access information regarding an agency or service. Examples include substance abuse detoxification centers, treatment services for children and adults, drug education school classes, etc. Team members provide service information but primarily refer people to the local AP/LME customer service coordinator. After a referral, the local customer service coordinator will provide case updates and resolution information to the CSCR team.

The next most prevalent category of cases was requests for information about Early and Periodic Screening and Diagnostic Treatment service (EPSDT) which had 68 cases (six percent). Four percent of the cases were related to quality of services (50) and three percent were related to each of the following cases: client right issues (44), public assistance benefits (34), CAP-MR/DD issues (33) and service definitions (31). Ability to pay (22) and contractor/provider issues (20) were each two percent of the cases and one percent of the cases related to the following issues: denial of services (16), mh/dd/sas information requests (11), staff (10), medication (nine), AP/LME policy issues (8) and general information (6). Crisis calls (5), legal issues (4), state hospitals (3), authorization/service orders/utilization reviews (1), licensing (1) and abuse, neglect and exploitation (1) each represented less than one percent of the total cases. One hundred and one cases are in the “other” category and represent nine percent of the total cases. Examples include requests for information on housing, employment and advertising requests from another agency.

**Table 8 - Disability Group Distribution of Cases from April to June 2006**

<b>Disability</b>	<b>Total</b>	<b>% of Total</b>
SA	535	46%
MH	254	22%
MH/DD	148	12%
DD	86	7%
MH/DD/SA	52	4%
MH/SA	32	3%
TBI	4	Less than 1%
Not Applicable	76	6%
<b>Total</b>	<b>1187</b>	<b>100%</b>

**Figure 5 - Disability Group Distribution of Cases from April to June 2006**



*Disability Type Representation:* Table 8 and Figure 5 show disability groups that were represented in the 1187 cases. For each case, the CSCR team records the disability area addressed by the referral source.

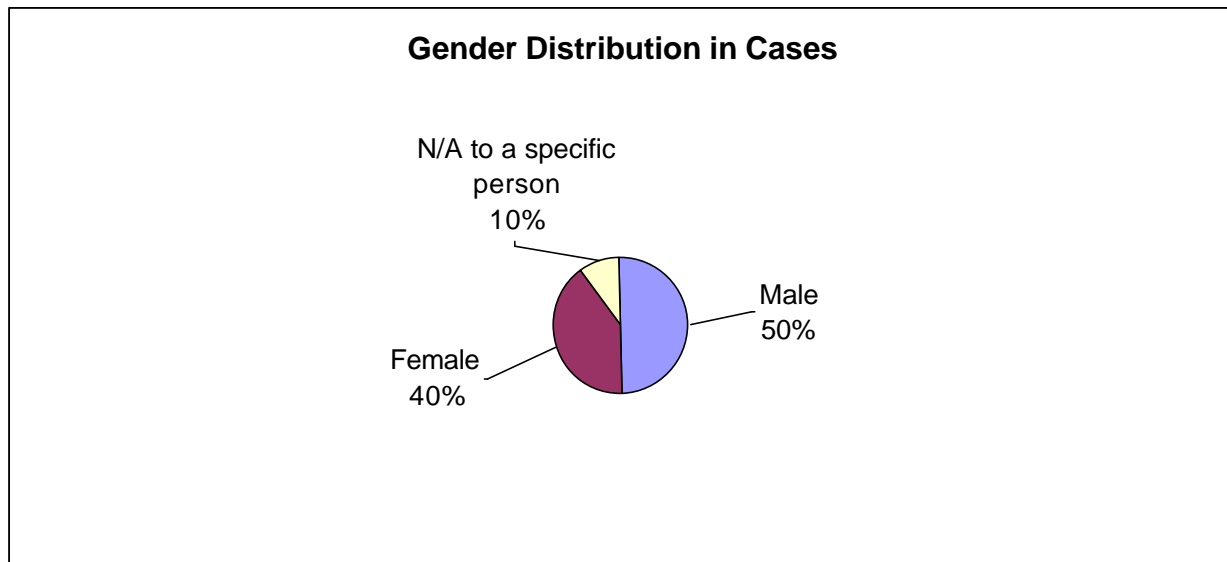
Consumers of substance abuse services cases represented 535 (46 percent) of the total. The next most prevalent disability group was consumers with mental health concerns with 254 (22 percent) of the cases. One hundred and forty-eight cases (12 percent) were related to a dual diagnosis of MH/DD and 86 (seven percent) were cases regarding individuals with a developmental disability. Fifty-two cases (four percent) were related to multiple MH/DD/SAS issues and 32 (three percent) were related to dual diagnosis of MH/SA issues. four cases (less

than one percent) were related to Traumatic Brain Injury (TBI) and seventy-six cases (six percent) were not applicable to any particular disability group.

**Table 9 - Gender Distribution of Issues from April to June 2006**

Gender	Number	% of Totals
Male	589	50%
Female	477	40%
N/A to a specific person	121	10%
<b>Total</b>	<b>1187</b>	<b>100%</b>

**Figure 6 - Gender Distribution of Issues for April to June 2006**



*Gender Distribution:* Table 8 and Figure 6 indicate the gender distribution for the 1187 total cases from April to June 2006. For each case, the CSCR team either records the gender of the consumer referenced by the referral source or indicates “not applicable” when the issue is not directly related to services for a specific individual. Examples of issues not applicable to a specific person would be issues such as licensing, service definitions, legal processes, rules or advocacy groups.

Five hundred and eighty-nine cases (50 percent) involved males and 477 (40 percent) involved females. One hundred and twenty-one cases (ten percent) were not applicable to a specific individual.

**Section C - Location of the Complaint/Concern and Information/Referral cases**  
**Table 10 - Complaints/Concerns and Information/Referrals Associated with APs/LMEs**

AP/LME	Complaints/ Concerns	Information and Referral	Total Type	% of Total
Alamance-Caswell	6	15	21	2%
Albemarle	1	11	12	1%
Catawba	5	7	12	1%
CenterPoint	7	29	36	3%
Crossroads	4	18	22	2%
Cumberland	6	31	37	3%
Durham	7	37	44	4%
Eastpointe	8	18	28	2%
Edgecombe-Nash/Wilson-Greene	1	11	20	1%
Five County	2	22	24	2%
Foothills	6	19	25	2%
Guilford	4	39	43	4%
Johnston	6	8	14	1%
Mecklenburg	3	60	63	5%
Neuse	4	10	14	1%
New River	3	7	10	1%
Onslow	7	24	31	3%
Orange-Person-Chatham	3	14	17	1%
Out of State	1	19	20	2%
Pathways	9	40	49	4%
Piedmont	7	27	35	3%
Pitt	3	15	18	2%
Roanoke-Chowan	0	10	10	1%
Rockingham	1	14	15	1%
Sandhills	11	30	41	3%
Smoky Mountain	2	9	11	1%
Southeastern Center	6	39	45	4%
Southeastern Regional	4	89	93	8%
Tideland	2	7	9	1%
Wake	26	112	138	12%
Western Highlands	14	41	55	5%
Wilson-Greene	0	10	1	1%
Anonymous	9	30	39	3%
N/A	30	105	135	11%
<b>Grand Total</b>	208	976	1187	100%
<b>Total Minus Unspecified (N/A and Anonymous)</b>	169	841	1013	85%
<b>Mean (Average)</b>	6.12	28.74	34.94	3%
<b>Median (Middle Score)</b>	4.5	19	24.5	2%
<b>Mode (Most Common )</b>	6	7	12	1%

**The Team tracks the AP/LME where communications originate. In many cases, callers do not specify their locality or the locality is not relevant. These calls are listed as “unspecified.” An important caveat: the data in Table 10 refer only to the residential area of the consumer whose issue was addressed by the CSCR team. Therefore, these data do not indicate complaints against APs/LMEs in all cases. We have simply recorded the locality of the complainant or person asking for information. Moreover, APs/LMEs with a high volume should not be viewed critically. In fact, a high volume may indicate that consumers are aware of the complaint process and that the AP/LME provides a complaint system to help consumers address their concerns. Finally, the table lists AP/LME mergers that were being planned during the report period and thus is an evolving set of data.**

A total of 208 Complaint/Concern and 976 Information/Referral cases were addressed between April and June 2006. Investigations were not included in this table and are discussed later in the report. The mean (average) number of Complaints/Concerns per AP/LME is 6.12 and the mean number of Information/Referral contacts per AP/LME is 28.74. The mean (average) percent of total cases per AP/LME was three percent. There are a large number of requests for information/referrals without a specified AP/LME as indicated in the N/A and Anonymous categories. Many of these cases were requests for information on general issues such as billing issues, state hospitalizations, provider requirements, local service agency contact numbers, etc.

## **Section D - Investigations**

The DMH/DD/SAS receives complaints regarding a variety of issues such as allegations of client rights violations, funding, quality of care and provider choice violations. Complaints/allegations are reviewed to determine if an investigation is needed. An investigation may involve a single complaint or multiple allegations. In many cases, the investigator from the CSCR Team and the investigator from the Accountability Team collaborate to determine if the investigation will be conducted by the AP/LME, another agency or by the DMH/DD/SAS. For state level investigations, CSCR or Accountability will assume the lead. Other DHHS Divisions and additional DMH/DD/SAS teams will be involved as needed. An investigation remains pending until final reports are completed by the responsible parties.

Investigations involve detailed research, collecting and reviewing data/evidence, assessing information and writing reports. All DMH/DD/SAS investigations are logged into the CSCR database along with the total contact responses per case. Other DMH/DD/SAS team members have a substantial number of contacts per case that are not recorded in this database. The information content of the investigations is not included in this report. However, the status of investigations is reported.

**Table 11– Total Active Investigations from April to June 2006**

Status	Total	% of Total
New Cases Referred from April to June 2005	3	60%
Active Cases Referred Before April 2006	2	40%
<b>Total</b>	<b>5</b>	<b>100%</b>

**Figure 7- Total Active Investigations from April to June 2006**

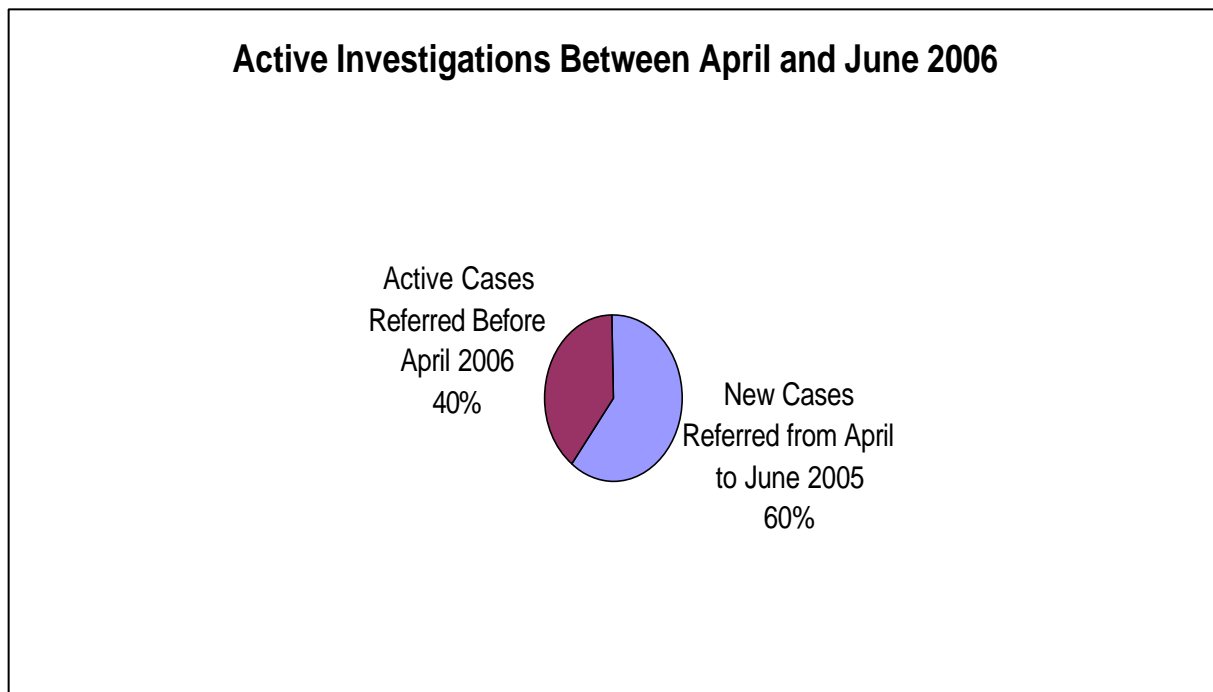


Table 11 and Figure 7 show the total number of active investigations (5) from April to June 2006. In this quarter, two investigations (40 percent) were initiated before April 2006. Three investigations (60 percent) were initiated from April to June 2006.

**Table 12 - Investigation Status of Cases Active Between April and June 2006**

Status	Total	% of Total
Complete	2	67%
Pending	1	33%
<b>Total</b>	<b>3</b>	<b>100%</b>

**Figure 8 - Investigation Status of Cases Active Between April and June 2006**

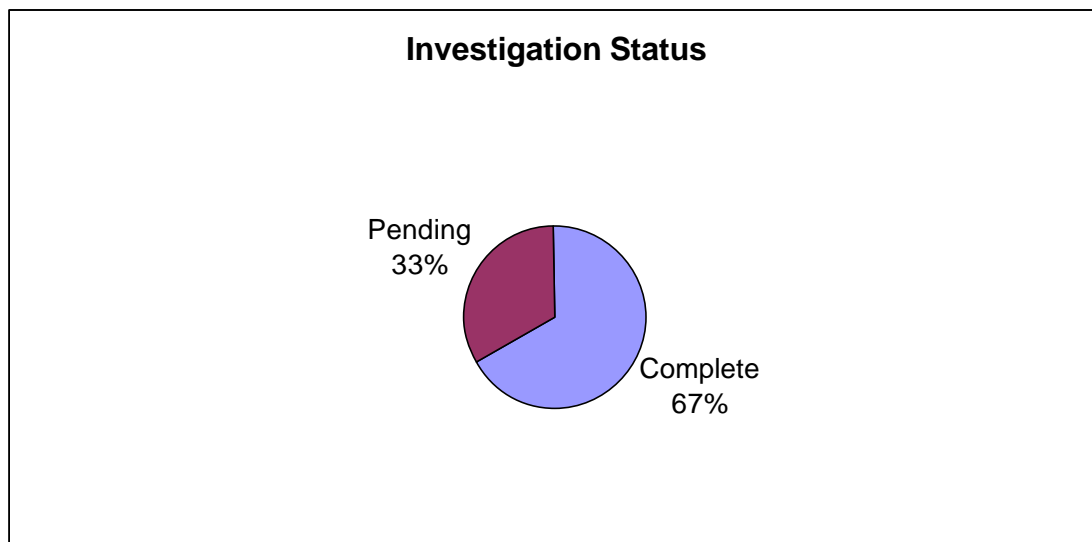


Table 12 and Figure 8 show the status of the investigations that were active during the April to June 2006 quarter. Of the three investigations, two investigations were closed during this period and one investigation is still pending. Many of the investigations remain open in order to allow time for a thorough investigation.

**Table 14 - Referral Sources for Investigations Initiated From April to June 2006**

Case Referral Source	Total	% of Total
DMH/DD/SAS Staff	2	67%
Family/Friend	1	33%
<b>Total</b>	<b>3</b>	<b>100%</b>

**Figure 9- Referral Sources for Investigations Initiated From April to June 2006**

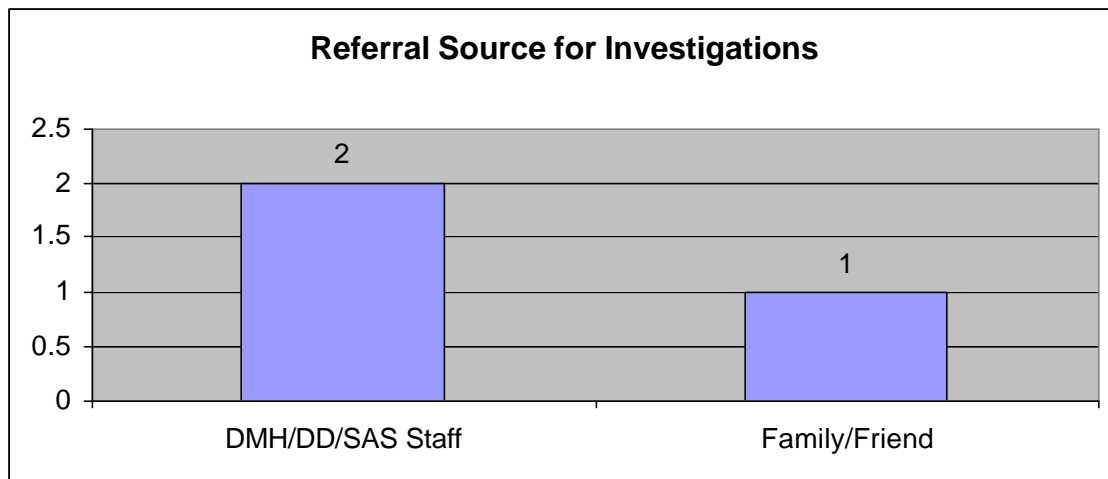
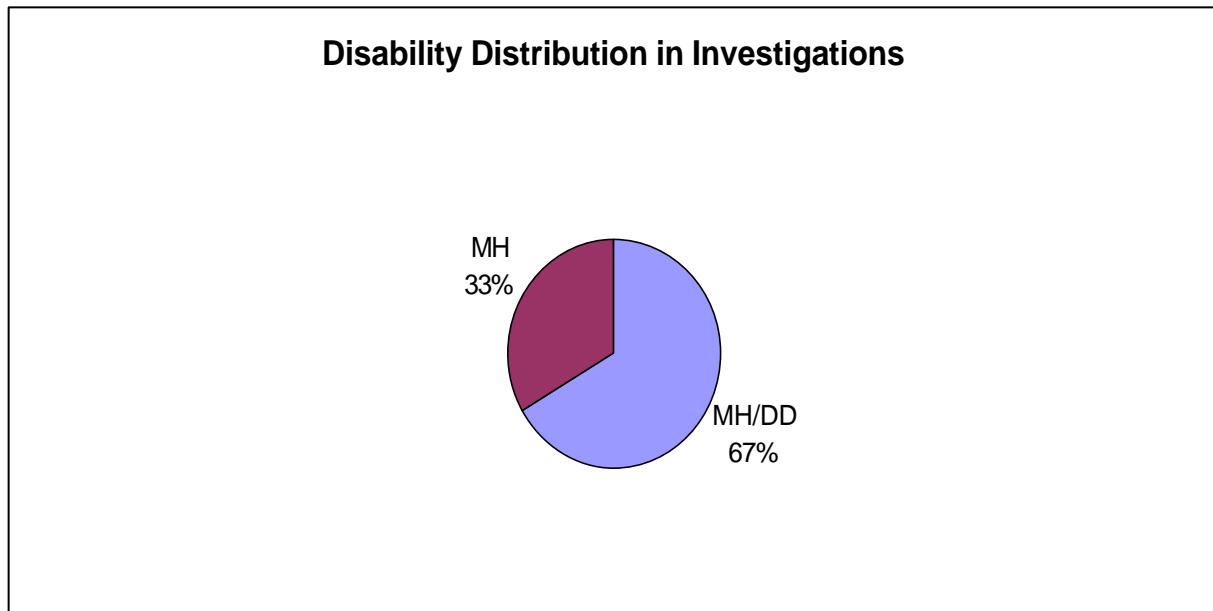


Table 13 and Figure 9 show the referral sources for the three investigations initiated between April and June 2006. DMH/DD/SAS staff referred the majority of investigations with two (67 percent) of the cases. A single case (33 percent) was referred by family and friends.

**Table 14 - Disability Distribution of Investigations Initiated From April to June 2006**

<b>Disability</b>	<b>Total</b>	<b>% of Total</b>
MH/DD	2	67%
MH	1	33%
<b>Total</b>	<b>3</b>	<b>100%</b>

**Figure 10 - Disability Distribution of Investigations Initiated From April to June 2006**



*Disability Type Representation:* Table 14 and Figure 10 show disability groups that were represented in the three investigations. Consumers with a dual diagnosis of mental health and developmental disabilities represented two (67 percent) cases. A single case (33 percent) involved a consumer with mental health services.

## **CUSTOMER SERVICE AND COMMUNITY RIGHTS TEAM**

### **CURRENT DEVELOPMENTS**

- 1) The volume of total new cases filed to the DMH/DD/SAS Customer Service and Community Rights Team increased this quarter and has increased significantly in the last 33 months. Cases are addressed quickly through DMH/DD/SAS and/or APs/LMEs. Investigations and provider monitorings are quickly initiated in collaboration with other investigative agencies, such as APs/LMEs, Division of Facility Services and local Departments of Social Services.
- 2) The majority of investigations were referred by DMH/DD/SAS staff and involved multiple issues. As a result, the majority of cases require a significant amount of time and collaboration between many agencies.
- 3) The Quarterly LME Complaint Report, which was developed collaboratively with LME representatives and the DMH/DD/SAS Quality Management Team, was revised based on comments made during the public comment period and has now been distributed. Each LME was informed to begin data collection beginning on or before September 1, 2006. The first quarterly report will be due to the Division of Mental Health/Developmental Disabilities/Substance Abuse Services by February 20, 2007.
- 4) The training curriculum for AP/LME Customer Service and Consumer Affairs offices is currently in final editing stage and has been revised based on comments from consumers, families and LME staff. This curriculum will be available on CD and can be used as a training tool for Customer Service and Consumer Affairs office staff, LME staff, providers, Client Rights Committees, Consumer and Family Advisory Committees, Governing Boards, consumers, family members and any other persons interested in consumer rights and empowerment issues.
- 5) The DMH/DD/SAS Customer Service and Community Rights Team is available to work with APs/LME in providing technical assistance to Customer Service offices and Client Rights Committees regarding the Policy for Consumer Complaints to an Area/County Program or any other functions of the Customer Service and Consumer Affairs offices.